

**NP-20**

State Form 51062

(R/7-05)

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year

Beginning **AA** / / and Ending **BB** / /
MM/DD/YYYY MM/DD/YYYY

Check if: ☐ Change of Address
☐ Amended Report
☐ Final Report: Indicate
Date Closed _____

Due on the 15th day of the 5th month following the end of the tax year. See reverse side for extension information.
NO FEE REQUIRED.

Name of Organization A		Telephone Number G ()	
Address B		County C	Indiana Taxpayer Identification Number H
City D	State E	Zip Code F	Federal Identification Number I
Printed Name of Person to Contact J			Contact's Telephone Number K ()

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

Part I - Current Information

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. _____
3. Attach a schedule, listing the names, titles and addresses of your current officers.
4. Briefly describe the purpose or mission of your organization.

Part II

5. Has your organization conducted any charity gaming events in Indiana, e.g. Bingo games, festivals, raffles, door prizes, charity game nights, pulltabs, punchboards and tipboards? ☐ Yes ☐ No
6. Have you filed Form CG-1(Charity Gaming Qualification Application)? ☐ Yes ☐ No
If response to #5 is yes, and you have not filed Form CG-1 please contact the Charity Gaming Section of the Indiana Department of Revenue at (317) 232-4646.

Email Address:

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

Signature of Officer or Trustee

Title

Date

Important: Please submit this completed form to:

Indiana Department of Revenue
Nonprofit Section
P.O. Box 7147
Indianapolis, Indiana 46207-7147
Telephone: (317) 232-2188

NP-20 (1)

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Nonprofit Section by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification Number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the:

Indiana Department of Revenue
Nonprofit Section, Room N203
100 North Senate Avenue
Indianapolis, Indiana 46204-2253

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.